

<i>SERFF Tracking Number:</i>	<i>RNOA-126175864</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Royal Neighbors of America</i>	<i>State Tracking Number:</i>	<i>42689</i>
<i>Company Tracking Number:</i>	<i>2088 RNOA-126175864</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Other Insured Term Insurance Rider</i>		
<i>Project Name/Number:</i>	<i>Term Insurance Application and Rider/2088</i>		

Filing at a Glance

Company: Royal Neighbors of America

Product Name: Other Insured Term Insurance SERFF Tr Num: RNOA-126175864 State: Arkansas

Rider

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 42689

Sub-TOI: L04I.500 Other

Co Tr Num: 2088 RNOA-
126175864 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird
Disposition Date: 06/22/2009
Authors: John Friederich, Philip
Blankenfeld, Deb Zemo, Kelli
Zimmer

Date Submitted: 06/18/2009
Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Term Insurance Application and Rider

Project Number: 2088

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Illinois is projected
to be filed on June 23, 2009.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/22/2009

Explanation for Other Group Market Type:

State Status Changed: 06/22/2009

Deemer Date:

Created By: Deb Zemo

Submitted By: Deb Zemo

Corresponding Filing Tracking Number: 2088

Filing Description:

Enclosed for your review and approval is a specimen copy of the rider captioned above. This rider is new, and has never been issued by Royal Neighbors of America (Royal Neighbors), nor has it ever been available for attachment to any life insurance certificate issued by Royal Neighbors. The rider captioned above is not intended to replace any existing rider in the Royal Neighbor product line.

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TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	Other Insured Term Insurance Rider		
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To the best of my knowledge and belief, no part of this submission contains any unusual or possibly controversial items contrary to normal industry standards. No assumptions or provisions contained in this rider unfairly discriminate in the availability of rates or benefits to individuals of the same class, equal expectation of life, and degree of hazard. The rider will be marketed by the use of commissioned independent agents and commissioned agents of an Agency. All agents will be under contract, duly licensed by the state and appointed (as applicable) by Royal Neighbors.

This rider will only be available at the time the base certificate is issued, and will provide level premium, non-renewable, 20-year convertible term life insurance in the amount of \$25,000 on the life of another individual with whom the primary insured under the base certificate has a lawful insurable interest. Issue ages for this rider are 18-60, and the primary target market will be couples, age 45 and above.

This rider will be used with application form 1731 Rev. 5-2009, entitled Supplemental Application for Term Life Insurance Rider. This rider will be available for attachment to certificate form series 200811-AR, entitled Permanent Life Insurance to Age 121, approved on 4/23/2008, and 200911-AR, entitled Flexible Premium Adjustable (universal) Life Insurance Certificate, approved on 11/24/2008.

Company and Contact

Filing Contact Information

Debra Zemo, Compliance Assistant/Legal Secretary	zemodm@royalneighbors.org
230 16th Street	800-627-4762 [Phone] 8233 [Ext]
Rock Island, IL 61201	309-788-3887 [FAX]

Filing Company Information

Royal Neighbors of America	CoCode: 57657	State of Domicile: Illinois
230 16th Street	Group Code:	Company Type: Life, Health, Annuity
Rock Island, IL 61201	Group Name: Royal Neighbors	State ID Number:
(309) 732-8232 ext. 8232[Phone]	FEIN Number: 36-1711198	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes

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Fee Explanation:	2 forms x \$50 = \$100		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Royal Neighbors of America	\$100.00	06/18/2009	28661194

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/22/2009	06/22/2009

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Disposition

Disposition Date: 06/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification of Flesch		Yes
Form	Other Insured Term Insurance Rider		Yes
Form	Supplemental Application for Term Insurance Rider		Yes

SERFF Tracking Number: RNOA-126175864 State: Arkansas

Filing Company: Royal Neighbors of America State Tracking Number: 42689

Company Tracking Number: 2088 RNOA-126175864

TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other

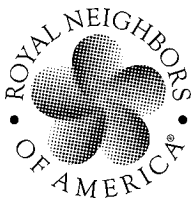
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Form Schedule

Lead Form Number: 2088

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2088	Policy/Cont Other Insured Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			2088.pdf
	1731 Rev. 5-2009	Application/ Supplemental Enrollment Application for Term Form Insurance Rider	Initial			1731 Supplemental Application for Term Insurance Rider.pdf



Other Insured Term Insurance Rider

Royal Neighbors of America (Royal Neighbors) has issued this Rider as part of the life insurance certificate to which it is attached (the Certificate), providing 20-year level term life insurance on the life of the Other Insured.

BENEFIT – Royal Neighbors will pay the Beneficiary a death benefit under this Rider upon receipt of proof that the death of the Other Insured occurred while this Rider was in force.

The amount payable at the death of the Other Insured will be the amount shown as the Other Insured Death Benefit on page 3 of the Certificate. Payment will be made in accordance with the terms of the **Agreement** or **Payment of Benefits** provisions, as applicable, of the Certificate.

DEFINITIONS

Other Insured – The Other Insured is the person named as the "Other Insured" on Page 3 of the Certificate.

Insured – The Insured is the person named as the "Insured" on Page 3 of the Certificate.

Owner – The Owner of this Rider is the person designated as the Owner of the Certificate to which this Rider is attached.

Beneficiary – The Beneficiary will be as stated in the application for this Rider, unless changed by the Owner.

PREMIUMS – Premiums for this Rider are part of the premiums for the Certificate. The annual premium for this Rider is shown on page 3 of the Certificate.

INCONTESTABILITY – This Rider shall be incontestable after it has been in force during the lifetime of the Other Insured for 2 years from the issue date as shown on Page 3 of the Certificate, except for nonpayment of premiums.

SUICIDE – If the Other Insured commits Suicide, while sane or insane, within 2 years from the Issue Date as shown on Page 3 of the Certificate, while this Rider is in force, the only amount payable shall be the amount of premiums paid for this Rider.

MISSTATEMENT OF AGE OR SEX – If the Age or Sex of the Other Insured is misstated, the benefits payable under this Rider shall be such as the premiums paid would have purchased at the Other Insured's correct Age and Sex.

REINSTATEMENT – If the Certificate is reinstated under the Reinstatement provision of the Certificate, then this Rider may be reinstated along with the Certificate, under the same terms and conditions as the Certificate.

GENERAL – The provisions of the Certificate apply to this Rider unless otherwise provided herein. Premiums paid for this Rider will not increase the Certificate's cash values.

MEMBERSHIP – The Other Insured is a member of a chapter of Royal Neighbors.

ASSIGNMENT – This Rider may not be assigned except in conjunction with and subject to the restrictions contained in the Certificate.

NON-FORFEITURE VALUES – This Rider does not have cash or loan values.

BASIS OF VALUES – Reserves are based on the Commissioner's 2001 Standard Ordinary (CSO) Mortality Table, male and female, tobacco and non-tobacco, age last birthday (ALB), 4% interest, and using semi-continuous functions. Reserves are according to the Commissioner's Reserve Valuation Method. All values and benefits are equal to or greater than those required by the laws of the state in which this Rider is delivered.

CONTINUATION OF INSURANCE – After this Rider has been in force for 2 years, if the Insured dies while this Rider is in force, and prior to the conclusion of term of this Rider, the insurance provided by this Rider will automatically continue, without the payment of additional premiums for a period of 60 days unless a new certificate has been, or will be issued, in which case the insurance coverage under this Rider will terminate on the Date of Issue of the new certificate.

The Other Insured may elect to apply for a new Certificate on the Other Insured's life without evidence of insurability, subject to the following conditions:

1. This Rider has been in force for at least 2 years.
2. The new certificate may be for an amount, which is not more than the death benefit of this Rider, and not less than the minimum amount required for the new certificate selected.
3. The new certificate may be any form of permanent life insurance (but not term life insurance) which is then issued by Royal Neighbors at the Other Insured's then age last birthday, but may not include any Riders.
4. The new certificate will be issued at a table 2 premium class. The Premium for the new certificate will be based on the rates then in use for the insurance plan selected and the Other Insured's age last birthday, sex and tobacco use as appropriate on the Date of Issue of the new certificate.
5. Royal Neighbors must receive proper written application and the first premium for the new Certificate prior to the end of the 60-day continuation period stated above, and prior to the Other Insured's 66th birthday.

If no Continuation of Insurance is elected by or is not available to the Other Insured under this provision, any unearned premium will be refunded.

The date of issue of the new certificate will be the later of the receipt of the application and receipt of the first premium (Date of Issue).


CONVERSION – After this Rider has been in force for 5-years, while this Rider is in force, and prior to the Other Insured's 66th birthday, the Owner may convert this Rider, without evidence of insurability, to a new certificate on the life of the Other Insured, subject to the following conditions:

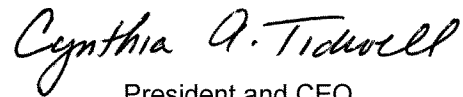
1. The new certificate may be for an amount, which is not more than the death benefit of this Rider, and not less than the minimum amount required for the new certificate selected.
2. The new certificate may be any form of permanent life insurance (but not term life insurance) which is then issued by Royal Neighbors at the Other Insured's then age last birthday, but may not include any Riders.
3. The new certificate will be issued at a table 2 premium class. The premium for the new certificate will be based on the rates then in use for the plan selected and the Other Insured's age last birthday, sex and tobacco use as appropriate on the Date of Issue of the new certificate.
4. Proper written application for Conversion of this Rider and the first premium for the new certificate must be received by Royal Neighbors prior to the end of the Conversion period and prior to the Other Insured's 66th birthday, while the Insured is living. The new certificate will be in effect upon receipt of the application and the first premium for the new certificate.

TERMINATION – This Rider will terminate upon the occurrence of any one of the following:

1. If the Certificate is continued under a non-forfeiture option
2. If the Certificate is terminated or converted in accordance with any Conversion option;
3. If this Rider is converted to a new certificate in accordance with the Conversion or Continuation of Insurance provisions of this Rider;
4. Upon payment of any death benefit under the terms of this Rider;
5. At the conclusion of this Rider's term;
6. Upon written request of the Owner; or
7. For the non-payment of Premiums.

Executed at the Home Office of Royal Neighbors in Rock Island, Illinois on the Issue Date shown on Page 3 of the Certificate.


Secretary and General Counsel


President and CEO



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INSURING LIVES • SUPPORTING WOMEN • SERVING COMMUNITIESSM

Supplemental Application for Term Insurance Rider

Attached to _____, Application for Permanent Life Insurance

SECTION 1 – Proposed Additional Insured

Name _____ SSN/Tax ID _____ Phone number () _____ Sex ☐ M ☐ F
E-mail address _____ DOB _____ State/Country of birth _____
Are you a U.S. citizen? ☐ Yes ☐ No Length of citizenship _____ If No, are you a legal U.S. resident? ☐ Yes ☐ No

SECTION 2 – Other Insurance

- 1. EXISTING INSURANCE** – Does the Proposed Additional Insured have any existing or applied for life insurance (*L*) or annuity (*A*) contracts with this or any other company? ☐ Yes ☐ No **If yes**, complete and submit state replacement forms, if required, with this application.
- 2. REPLACEMENT** – In connection with this application, has there been, or will there be, with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction involving an annuity or other life insurance? ☐ Yes ☐ No **If Yes**, complete a replacement questionnaire **AND** any other state required replacement forms.
Provide details: Company _____ Policy # _____

SECTION 3 – Beneficiary(ies)

☐ **PRIMARY** Beneficiary is proposed insured of Certificate to which this Rider attaches unless otherwise indicated below.

Name _____ DOB _____ SSN/Tax ID _____
Street _____ City, State, ZIP _____ Relationship to Proposed Additional Insured _____

SECTION 4 – Physician Information

Please provide name of doctor, practitioner, or health care facility who can provide the most complete and up-to-date information concerning the present health of the Proposed Additional Insured. ☐ Check here if no doctor, practitioner, or health care facility is known.

Physician name _____ City, State, ZIP _____
Phone number () _____ Date last consulted _____
Provide reasons for treatments and the results. _____
List all currently prescribed medications, dosage, and frequency. _____

SECTION 5 – Medical & Risk Questions

1. Height _____ Weight _____ Experienced a change in weight (*greater than 10 pounds*) in the last 12 months? ☐ Yes ☐ No
2. In the past 5 years, used tobacco products? If Yes, identify what was used, how much, and dates of usage. ☐ Yes ☐ No
3. Ever had an application for life or health insurance declined, postponed, up-rated, or modified, or any insurance cancelled or its renewal refused? ☐ Yes ☐ No
4. Have you ever been convicted of a felony, received counseling or treatment from any physician for, or been convicted for, the use of alcohol or the use and/or possession of drugs? ☐ Yes ☐ No
5. Have you been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (*AIDS*), AIDS Related Complex (*ARC*), or the Human Immunodeficiency Virus (*HIV*)? ☐ Yes ☐ No
6. Have you during the past 10 years, been diagnosed as having been treated by a member of the medical profession for, or tested positive for:
 - A. Heart attack; high blood pressure; stroke; or other disorder of the heart or blood vessels? ☐ Yes ☐ No
 - B. Cancer, tumor, cyst, mass; leukemia; lymph gland; thyroid; chronic fatigue; or any other blood abnormalities? ☐ Yes ☐ No
 - C. Diabetes or other endocrine disorder; sugar, albumin, or blood in urine; stone or other disorder of kidney, bladder, or prostate? ☐ Yes ☐ No
 - D. Lung or chronic respiratory disorder; asthma; bronchitis; emphysema; pneumonia; tuberculosis; or any other disorder of the respiratory system? ☐ Yes ☐ No
 - E. Intestinal bleeding; ulcer; hepatitis; or other disorder of stomach, liver, intestine, or gallbladder? ☐ Yes ☐ No
 - F. Treatment as an inpatient or outpatient or is currently confined in a hospital, institution, clinic, sanatorium, or other medical facility? ☐ Yes ☐ No

Details: If you answered Yes to any of the medical questions above, please provide details here.

Question #	Name of Physician (Address if not already provided)	Date/Duration of Illness	Diagnosis/Severity/Medications/Treatments

Additional Information (Attach a separate sheet)



Agreement/Acknowledgement/Authorization

Agreement/Disclosure

I, the Proposed Additional Insured, have read this application for life insurance including any amendments and supplements and, to the best of my knowledge and belief, all statements are true and complete. I also agree that:

- Statements in this application and any amendment(s), paramedical/medical exam, and supplement(s) which are attached to the certificate and rider and a part of the certificate and rider are the basis of any rider issued and will be relied on to determine if coverage will be issued.
- Corrections, additions, or changes to this application may be made by Royal Neighbors. Any such changes will be shown under "Corrections and Amendments." Acceptance of a rider issued with such changes will constitute acceptance of the changes. No change will be made in classification (*including age at issue*), plan, amount, or benefits unless agreed to in writing by the Applicant.
- Unless otherwise provided by the Conditional Receipt, Royal Neighbors will have no liability under this application unless and until:
a) it has been received and approved by Royal Neighbors at its Home Office; b) the certificate with the rider has been issued and delivered to the certificateowner; c) the first premium has been paid to and accepted by Royal Neighbors; and d) at the time of delivery and payment, the facts concerning the insurability of the Proposed Additional Insured are as stated in this application.
- If not a current member, I apply to become a member of Royal Neighbors as indicated by my signature below, and as a member, agree to uphold the principles of Faith, Unselfishness, Courage, Endurance, and Humility upon which Royal Neighbors was founded more than 100 years ago.

Taxpayer Identification Number Certification

Under penalties of perjury, I, the Proposed Additional Insured, certify that:

1. The number shown on this form is my correct taxpayer identification number (*or I am waiting for a number to be issued to me*), and
2. I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (*IRS*) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.

For use in determining insurability; I, the Proposed Additional Insured, authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau (MIB), pharmacy, benefit manager, or other organization, institution, or person that has any records or knowledge of my medical or prescription history to give any such information to Royal Neighbors, its representatives, or reinsurers. To facilitate rapid transmission of such information, **I authorize** all said sources, except the MIB, to give such records or knowledge to any agency employed by Royal Neighbors to collect and re-transmit such information to any other agents or companies employed by Royal Neighbors. **I understand** that my medical records may be protected by certain federal regulations, especially as they apply to any drug or alcohol abuse data. I understand that I may revoke this authorization at any time as it pertains to any such drug or alcohol abuse data by written notification; however, any action taken prior to revocation will not be affected. This authorization is valid for 24 months from the date signed. A photocopy or facsimile of this authorization will be as valid as the original.

☐ Check here if a copy of this authorization is desired.

Corrections and Amendments (*For Home Office Use Only*)

☐ **By checking this box I(we) understand that I(we) have elected to draft the first premium from a financial institution. I(We) understand that, in addition to all of the above requirements, there will be no insurance coverage unless and until the insurance approval has been issued, delivered, and the first draft has been honored by the financial institution.**

SIGNATURES: 

Signed at city, state _____ Date _____

Proposed Additional Insured _____



Proposed Owner _____ Date _____

Agent's Report

REPLACEMENT:

Do you have any knowledge or reason to believe the Proposed Additional Insured has any existing or applied for life insurance or annuity contracts with this or any other company? ☐ Yes ☐ No



Signature of Writing Agent _____ Date _____

Printed name of Writing Agent _____ License # _____





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Conditional Receipt

Unless each and every condition specified in paragraph 1 below is fulfilled exactly, no insurance will become effective prior to delivery of the certificate of insurance. No agent of Royal Neighbors of America (*Royal Neighbors*) is authorized to alter or waive any of the conditions.

Received from _____ on (Date) _____ the sum of ☐ \$ _____ / ☐ no money received with application in connection with an application to Royal Neighbors for the following insurance certificate rider:

Proposed Additional Insured: _____ Life Insurance Amount: \$25,000 Plan: term insurance rider

1. All of the following conditions must be met before insurance may become effective prior to delivery of the certificate:
 - a) The payment indicated above, including the Additional Term Insurance Rider covering the Proposed Additional Insured, must be at least equal to one month's premium at the premium class applied for. Assuming all other conditions under this paragraph have been met, if Royal Neighbors, in accordance with its rules, would have issued the certificate under a different premium class than applied for, and the premium paid was less than the premium that would have been required for the issuance of a certificate at this new premium class, then the death benefit payable under the receipt shall be such as the premium paid would have purchased at the new premium class.
 - b) All medical examinations and tests required by Royal Neighbors must be completed and received at the Home Office of Royal Neighbors.
 - c) As of the effective date, as defined below, the Proposed Additional Insured must be a standard risk under rules and practices of Royal Neighbors for the plan and the amount of life insurance applied for, without change and at the rate of premium paid.
 - d) As of the effective date, the state of health and all factors affecting the insurance of the Proposed Additional Insured must be as stated in the application.
2. When each and every one of the conditions of paragraph 1 have been met, the insurance coverage, as provided by the terms and conditions of the certificate of life insurance applied for, but for an amount not exceeding \$25,000, will begin as of the Effective Date. "Effective Date" as used herein, means the later of:
 - a) the date of completion of the application; or
 - b) the date of completion of all medical examinations, electrocardiograms, x-rays, and other tests required by Royal Neighbors.
3. If the conditions have been met and coverage begins, coverage under this receipt will terminate 60 days from the date of this receipt unless prior to that date the insurance certificate including the Additional Term Insurance Rider is issued and accepted.

IMPORTANT INFORMATION: If no check or money order is received with this application, then this conditional insurance is not effective and there will be no insurance in effect unless and until the certificate for the insurance applied for has been issued, including the term insurance rider, insuring the Proposed Additional Insured, and the first premium due has been paid in full.



Signature of Agent Receiving the Payment _____



Signature of Proposed Additional Insured _____

I understand and agree to the terms, conditions, and limits of this receipt and the agreements in the application, all of which have been fully explained to me by the agent.



Signature of Proposed Owner _____

Royal Neighbors of America

www.royalneighbors.org

Rock Island, Home Office

230 16th St., Rock Island, IL 61201

(800) 627-4762



Important Information for Applicant

Arizona: On written request, Royal Neighbors of America will provide the certificateowner with information regarding the provisions of the life insurance certificate. If for any reason the certificateowner is not satisfied with the life insurance certificate, she/he may return the certificate to Royal Neighbors of America within 20 days (*30 days if the certificateowner is 65 years of age or older*), after receiving the certificate and receive a refund of all monies paid.

Arkansas, California, New Mexico, Texas, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurer for the purpose of defrauding or attempting to defraud the insurer. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurer or agent of an insurer who knowingly provides false, incomplete, or misleading facts or information to a certificateowner or claimant for the purpose of defrauding or attempting to defraud the certificateowner or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia and Georgia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Indiana and Oklahoma: Any person who knowingly, with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

Kentucky and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey: Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud, or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Tennessee, Washington, and Maine: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company (*insurer*) for the purpose of defrauding the insurer. Penalties include imprisonment, fines, and denial of insurance benefits.

Medical Information Bureau, Inc. (MIB), Notice

This Notice is to be detached, read, and retained by the Proposed Additional Insured

Information regarding your insurability will be treated as confidential. Royal Neighbors or its reinsurers make a brief report thereon to the Medical Information Bureau, Inc., a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or if a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901, TTY (866) 346-3642. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Report Act. The address of MIB's information office is: MIB, P.O. Box 105, Essex Station, Boston, MA 02112.

Royal Neighbors or its reinsurers may also release information in its file to other insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted.

Fair Credit Report Act Notice

This is to inform you that as part of our underwriting procedures in connection with this application, an investigative consumer report may be obtained on the Proposed Additional Insured. This report will provide applicable information concerning character, general reputation, personal characteristics, and mode of living.* This information will be obtained through personal interviews with neighbors, friends, and associates. You may request to be interviewed in connection with the preparation of the investigative consumer report. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. No information collected concerning the sexual orientation of the Proposed Additional Insured will be used to determine her or his eligibility for life insurance.

**Information obtained will not be used to determine sexual orientation.*



<i>SERFF Tracking Number:</i>	<i>RNOA-126175864</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Royal Neighbors of America</i>	<i>State Tracking Number:</i>	<i>42689</i>
<i>Company Tracking Number:</i>	<i>2088 RNOA-126175864</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Other Insured Term Insurance Rider</i>		
<i>Project Name/Number:</i>	<i>Term Insurance Application and Rider/2088</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Compliance Rule and Regulation 19.pdf		
Bypassed - Item: Application Bypass Reason: Application is in Form Schedule for approval Comments:		
Satisfied - Item: Certification of Flesch Comments: Attachment: Certification of Flesch.pdf		

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: ROYAL NEIGHBORS OF AMERICA

Form Number(s): 2088

1731 Rev. 5-2009

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

BRUCE R PETERSON

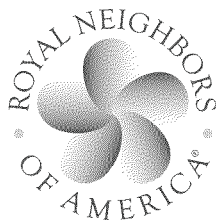
Name

SECRETARY AND GENERAL COUNSEL

Title

6/18/2009

Date



230 16th Street | Rock Island, IL 61201

Phone: (309) 788-4561 | Toll-free: (800) 627-4762

E-mail: contact@royalneighbors.org | Web site: www.royalneighbors.org

CERTIFICATION OF FLESCH READING EASE SCORE

Royal Neighbors of America does hereby certify that the following certificate forms and application, specimen copies of which are submitted herewith, are in its judgment readable based on the factors specified in Arkansas Regulations.

<u>FORM</u>	<u>TITLE</u>	<u>FLESCH SCALE READABILITY ANALYSIS AND TEST SCORE</u>
2088	Other Insured Term Insurance Rider	68
1731 Rev. 5-2009	Supplemental Application for Term Insurance Rider	47.3

- A Flesch reading ease test scores of the above forms is as indicated above.
- The forms are printed, except for specification pages, schedules and tables, in not less than ten point, one point leaded.
- The forms listed above were analyzed in their entirety both to the method and formula as specified in Arkansas Regulations.

Dated this 18th day of June, 2009


By Philip K. Blankenfeld - Compliance Manager